

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709978

1. Entity Name

CALVARY ASSEMBLY OF GOD CHURCH, INC.

Principal Place of Business

3800 RECKER HIGHWAY
WINTER HAVEN FL 33880

Mailing Address

3800 RECKER HIGHWAY
WINTER HAVEN FL 33880-1964

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90175 023 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1658474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ROGERS, CLIFFORD
45 SPIRIT LAKE ROAD
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	ALLISON, CKLARENCE	
STREET ADDRESS	105 HOMEWOOD DR	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MONTESINO, MANNY	
STREET ADDRESS	135 MANSEAU DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	OVERSTREET, TRACY	
STREET ADDRESS	1840 15TH CT., N.W.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PFINGSTON, ROBERT	
STREET ADDRESS	4518 REDWOOD ST	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SWOFFORD, RODNEY W.	
STREET ADDRESS	203 KEYSTONE RD.	
CITY-ST-ZIP	AUBURNDAL FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	OVERSTREET, KENNETH	
STREET ADDRESS	107 ARIETTA SHORES DR.	
CITY-ST-ZIP	AUBURNDAL FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Clarence, Allison	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ike Fountain	
STREET ADDRESS	340 E. Swoope Street	
CITY-ST-ZIP	Lake Alfred, FL. 33850	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeff Nicely	
STREET ADDRESS	3501 FDC Grove Road	
CITY-ST-ZIP	Davenport, FL. 33837	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dan Whittenton	
STREET ADDRESS	11 Lake Arrowhead Drive	
CITY-ST-ZIP	Winter Haven, FL. 33880	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)